

Connecting community based providers into the BC Health System:


Using telehealth to increase physician productivity resulting in better access to care to rural, First Nations communities

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Purpose

- Brief summary Telehealth service delivery in BC
- Highlight the formation of the First Nations Health Authority and its importance to health and wellness outcomes in First Nations communities
- Demonstrate an example of a collaborative approach adopted by BC health organizations enabling community based providers (GPs & Specialists) to provide Telehealth services



Faculty/Presenter Disclosure

- **Speaker/Faculty:** Beverly Mitchell, Jane London, David Huh, Dyson Walker
- **Relationships with commercial interests:**
 - None



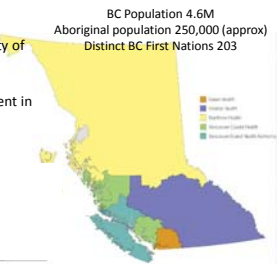

Telehealth Players

- 7 Health Authorities
- HealthLinkBC (HLBC)
- Health Shared Services BC
- University of British Columbia's (UBC) Faculty of Medicine

BC Population 4.6M
Aboriginal population 250,000 (approx)
Distinct BC First Nations 203



Organizations that will have an active involvement in providing/receiving Telehealth services

- WorkSafe BC
- BC Provincial Corrections
- Attorney General Office
- Ministry of Children & Family Development
- 5974 General Practitioners, 5142 Specialists

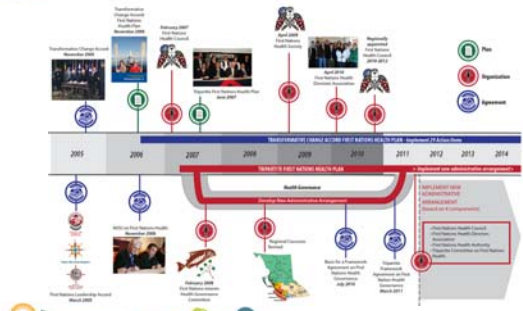

Telehealth Landscape

- 115+ communities with Telehealth enabled capabilities
- 245+ videoconferencing sites
- 790+ videoconferencing endpoints
- 70+ clinical services
- 36,000 Telehealth consultations via videoconferencing (fiscal 2009/10)

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Key Agreements

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First Nations Background

- Dependency on videoconferencing technology, through its ability to replicate in-person clinician, health education and wellness consultations
- Historically received the majority of their clinical Telehealth services from Health Authority sites
- Limited access to Telehealth services from Community-based providers (GPs/Specialists)
- Federal, provincial and traditional boundaries existed

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Out of Challenge Comes Opportunity

Challenges

- First Nations clients leave communities for care
- Community Based Providers:
 - travel to rural and remote communities
 - travel to health authority facilities
 - have not had access to secure network for Telehealth
- Resulting in:
 - inefficient use of clinician and client time
 - Limited access to on-demand care
 - inability to deal with urgent events
 - Safety and travel risks

Influencing Change

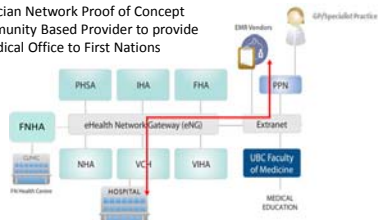
- 2006 - First Nations Health Plan "Action #23 Create a fully integrated Telehealth network"
- 2008 - Physician Private Network goes live. Community Based Providers have access to high quality, private, secure Health Authority standards based network to access Electronic Medical Records
- 2011 - Policy change to allow Telehealth consultations to be conducted outside health authority boundaries
- 2013 - First Nations Health Authority (FNHA) formed
- 2013 - Canada Health Infoway sponsored First Nations Telehealth Expansion Project kick-off



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How do we get there?

- FNHA build and operate the First Nations Health Network which delivers connectivity to Health Centers in First Nations communities
- Launch a Private Physician Network Proof of Concept (PoC) to enable a Community Based Provider to provide services from their Medical Office to First Nations communities



Evaluation Methodology

- Providers completed surveys after each session on quality and efficacy
- Patients and providers were surveyed at the end of study on their experience of Telehealth videoconferencing
- Health Shared Services BC assessed technology
- 7 Mental Health clinicians conducted 286 sessions with patients over 3 months

Proof of Concept - A Collaborative Approach


- Community Based Psychiatric and Psychological Services to remote FN communities in multiple Health Authorities:**
- Ministry of Health partnered with:
 - First Nations Health Authority (*then: First Nations Inuit Health Branch-Federal Partner*),
 - North Shore Stress & Anxiety Clinic (CBP psychiatry /psychology clinic)
 - Provincial Health Services Authority, (LMC/IMITS & HSSBC)
 - Vancouver Coastal Health and;
 - TELUS
- Private Physician Network circuit connected in clinic for videoconferencing only (No EMR)
- Patients received care in Bella Bella, Bella Coola, Fort Nelson and Hazelton


Provider Evaluation Responses

Psychologists gained capacity, 3 hrs/week each, and flexibility - allowing more clinical consultations overall

- | | |
|---|---|
| <p>12% Of the telehealth sessions conducted prevented a hospitalization</p> <p>100% Agreed Significantly improved productivity</p> <p>100% Agreed Enhanced ability to provide services to patients in isolated and First Nations communities</p> <p>100% Agreed Would like to expand my use of Telehealth</p> <p>100% Agreed Would recommend this service to my colleagues</p> <p>100% Agreed Am comfortable with my ability to assess patients and provide a diagnosis by Telehealth</p> | <p>“Both my productivity and efficiency have been enhanced”</p> <p>“Allows me to tap into the full range of resources available to me in my office [...] peer consultation, etc”</p> <p>“Allowed me to be able to book patients on relatively short notice (e.g., [...]) a suicidal patient”</p> <p>“Many of the patients I see are single mothers for whom the idea of leaving the community to access treatment is unacceptable...”</p> |
|---|---|


Patient Evaluation Responses

<p>86% Agreed</p> <ul style="list-style-type: none"> ■ I would rather use telehealth to see my doctor than to wait to see him/her in person 	<ul style="list-style-type: none"> ■ "For a lot of people with mental health issues, it is life and death" 	<ul style="list-style-type: none"> ■ "If someone's having problems, they need help right away. What if you have a broken leg and you had to wait 6 months to get it set?" 	
<p>100% Agreed</p> <ul style="list-style-type: none"> ■ I was satisfied with the quality of the telehealth session 	<ul style="list-style-type: none"> ■ "I'm able to take care of myself better and have more of a positive effect on the people around me" 	<ul style="list-style-type: none"> ■ Without telehealth "I would probably self-destruct" 	
<p>100% Agreed</p> <ul style="list-style-type: none"> ■ I would recommend telehealth to another person 			
<p>100% Agreed</p> <ul style="list-style-type: none"> ■ Telehealth is of value to me and my community 			
<p>93% Agreed</p> <ul style="list-style-type: none"> ■ I did not feel that anything important was missed during my visit with my doctor 			


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Next Steps: Phase II - Assess EMR

- **Project: Expand PoC to evaluate PPN circuit carrying videoconferencing and EMR traffic simultaneously**
 - Community based Cardiologist providing services to Halika'as Heiltsuk Community in Bella Bella
- **Objective:** Assess the viability of videoconferencing and EMR data operating simultaneously over a CBP PPN circuit
 - Obtain broader perspective of the service to inform a comprehensive provincial business model and provincial Telehealth strategy
- **Evaluation method:**
 - Network testing and evaluation
 - Subjective clinician qualitative assessment through documented feedback
- **Deliverables:** Report with recommendations
- **Results:** *Early 2015*


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Success Factors

Based on building trusted relationships

- Clinician-driven grassroots approach leveraging existing community relationships
- Culturally safe and appropriate, responding to and understanding First Nations needs
- Collaborative network of Health Service Providers, Administrators and Technical Leadership across jurisdictions and departments

Leveraging existing infrastructure

- Leverage an existing service, network infrastructure, telehealth scheduling processes and support model


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Thank you!

Questions?

